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26753

7590

12/12/2006

ANDRUS, SCEALES, STARKE & SAWALL, LLP  
100 EAST WISCONSIN AVENUE, SUITE 1100  
MILWAUKEE, WI 53202

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Barbara A. Johnson (Depositor's name)  
Barbara A. Johnson (Signature)  
3-5-07 (Date)

APPLICATION NO.	FILING DATE	FIRST INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10762.911

01/22/2004

Hector F. DeLuca

1256-00943

6146

TITLE OF INVENTION: (20S)-1ALPHA-HYDROXY-2ALPHA-METHYL AND 2BETA-METHYL-19-NOR-VITAMIN D3 AND THEIR USES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1400

\$300

\$0

\$1700

03/12/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
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QAZI, SABIHA NAIM

1616

514-167000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys, ANDRUS, SCEALES, STARKE & SAWALL, LLP or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Wisconsin Alumni Research  
Foundation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Madison, WI

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

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☐ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Thomas M. Wozny

Date

3-5-07

Typed or printed name

Thomas M. Wozny

Registration No.

28,922

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